## **VERIFICATION OF CALIBRATION REPORT**

Of DataMaster cdm BreathTest Instrument State of Alaska

JUL 0 7 2009

Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

	DataMaster cdm S/N 130296		
Supervisor/Operator Performing the Verification Procedure:			
	Name John J. Waldron	ID#_3392	Date06/30/09
<b>A.</b>	Agency Unalaska Department of Public Safety	Phone	907-581-1233
	Instrument Location Unalaska Department of Public Safe	ety, PO Box 370, 29 Safety Way,	, Unalaska, AK 99685
	Alco S/N <u>X172985</u> Target Value <u>.08</u>	3 High Pressure	500
В.	Alco Test Values  .084  1 <sup>st</sup> Test Value  Signature	. 085 2 <sup>nd</sup> Test Value	<u> </u>
	(OVER	R)	graf (
(Do not write in the area below)			

- I. Nita J. Bolz. after being first duly sworn, depose and state as follows:
- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

Nita J. Bolz

Scientific Director

State Breath Alcohol Program

Supscribed and sworn before me this

oland ....

M() M M Notary Seal Stamp

Notary Public. State of Alaska

Commission Expires with Office

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Scientific Crime Detection Laboratory -- Statewide Breath Alcohol Program

## DataMaster cdm S/N 130296

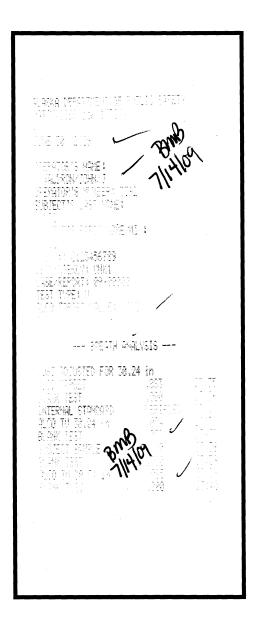
Supervisor/Operator & Number Performing the Verification Procedure: <u>John J. Waldron, #3392</u> Department and Date: <u>Unalaska DPS,</u>

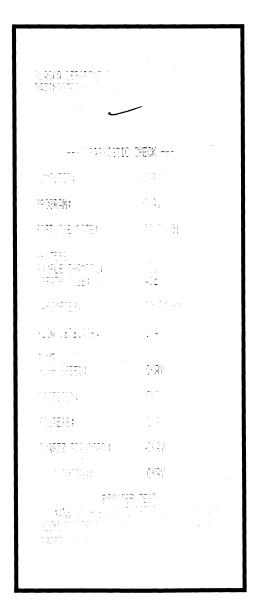
(CONTINUED FROM FRONT PAGE)

C. TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

NONDRINKING SUBJECT TEST

DIAGNOSTIC CHECK





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